## REST AVAILABLE COPY

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

09940282

| CLAIMS AS FILED - PART<br>(Column 1)  |   |   |              |              | (Colur                          | mn 2)            | SMALL ENTITY TYPE |                       | OR | OTHER THAN OR SMALL ENTITY |                        |  |
|---|---|---|--------------|--------------|---------------------------------|------------------|-------------------|-----------------------|----|----------------------------|------------------------|--|
| TOTAL CLAIMS  |   |   |              |              |                                 |                  | RATE              | FEE                   | ]  | RATE                       | FEE                    |  |
| FOR .   |   |   | NUMBER FILED |              | NUMBER EXTRA                    |                  | BASIC F           | EE 370.00             | OR | BASIC FEE                  | 740.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |   |   | minus 20=    |              | *                               |                  | X\$ 9=            |                       | OR | X\$18=                     | 54                     |  |
| INDEPENDENT CLAIMS  |   |   | minus 3 =    |              |                                 |                  | X42=              |                       | OR | X84=                       |                        |  |
| MU  | LTIPLE DEPEN  | DENT CLAIM PF                             | RESENT       |              |                                 |                  | +140=             | . ,                   | OR | +280=                      | 4                      |  |
| * If the difference in column 1 is less than zero, enter "0" in column  |   |   |              |              |                                 | olumn 2          | TOTAL             |                       | OR | TOTAL                      | 794                    |  |
|   | С   | LAIMS AS A                                | MENDE        |              |                                 | (0.1             | SMAI              | L ENTITY              | OB | OTHER THAN OR SMALL ENTITY |                        |  |
|   |   | (Column 1)<br>CLAIMS                      |              |              | mn 2)<br>⊣EST                   | (Column 3)       | - OMAL            |                       |    |                            |                        |  |
| AMENDMENT A   |   | REMAINING<br>AFTER<br>AMENDMENT           |              | NUN<br>PREVI | MBER<br>OUSLY<br>FOR            | PRESENT<br>EXTRA | RATE              | ADDI-<br>TIONA<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | *   | Minus        | **           |                                 | =                | X\$ 9=            |                       | OR | X\$18=                     |                        |  |
|   | Independent   | *   | Minus        | PENDEN       | T CL AIM                        | =                | X42=              |                       | OR | X84=                       |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |   |              |              |                                 |                  | +140=             |                       | OR | +280=                      |                        |  |
|   |   |   |              |              |                                 |                  | TOTA<br>ADDIT: FE |                       | OR | TOTAL<br>ADDIT. FEE        |                        |  |
| (Column 1) (Column 2) (Column 3)  |   |   |              |              |                                 |                  |                   |                       |    |                            |                        |  |
|   |   | CLAIMS                                    |              | HIG          | HEST                            |                  |                   | ADDI-                 | 7  |                            | ADDI-                  |  |
| AMENDMENT B   |   | REMAINING<br>AFTER<br>AMENDMENT           |              | PREV         | MBER<br>IOUSLY<br>D FOR         | PRESENT<br>EXTRA | RATE              |                       |    | RATE                       | TIONAL<br>FEE          |  |
|   | Total   | *   | Minus        | **           |                                 | <b>=</b> ′       | X\$ 9=            |                       | OR | X\$18=                     |                        |  |
|   | Independent   | *   | Minus        | ***          | T CLAIM                         | <u> -</u>        | X42=              |                       | OR | X84=                       |                        |  |
| L   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |              |              |                                 |                  | +140=             |                       | OR | +280=                      |                        |  |
|   |   |   |              |              |                                 |                  | TOTA<br>ADDIT. F  |                       | OR | TOTAL<br>ADDIT. FEE        |                        |  |
|   |   | (Column 1)                                |              |              | ımn 2)                          | (Column 3)       |                   |                       | _  |                            |                        |  |
| AMENDMENT C   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUI<br>PREV  | HEST<br>MBER<br>YOUSLY<br>D FOR | PRESENT<br>EXTRA | RATE              | ADDI-<br>TIONA<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | *   | Minus        | **           |                                 | =                | X\$ 9=            |                       | OR | X\$18=                     |                        |  |
|   | Independent   | *   | Minus        | ***          | AT CLAIM                        | =                | X42=              |                       | OR | X84=                       |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |              |              |                                 |                  |                   | = .                   | OR | +280=                      |                        |  |
| ١.  | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |   |              |              |                                 |                  |                   | AL                    | OR | TOTAL                      |                        |  |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |   |              |              |                                 |                  |                   |                       |    |                            |                        |  |